PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619 Birmingham, AL 35283-0619

			SERVICE RI	EQUEST FORM	Л	
CONTRACT/POLIC	CY NO.	OWNER NAME		OWN	ER SS NO.	TELEPHONE NO.
ADDRESS OF OW	NER:					
EMAIL ADDRESS	OF OWN	ER:				
1. CHANGE O		■ Owner	☐ Insured		,	
I request tha	t the Con	npany change its reco	ords to reflect that o	n(<i>date</i>)	by reason of	 (marriage, divorce, etc.)
Note: Indiv	viduals m		legal documentation	on. (example: d	livorce decree, drive.	r's license, etc.) Corporations must
2. CHANGE O	F ADDRE	SS:	☐ Insured	☐ Other		
Please chan	ge my ad	dress to:				
Contract/Pol	icy be ve of bankrı	sted in the new Ow uptcy have been insti	ner named below.	I have the rig me. I am not u	ht to transfer the ov	ownership of the above referenced whership of this Contract/Policy. No or legal disability. Transfer ownership Telephone Number
Address					New Owner's Sigi	nature
(Change of c	ownership	o can result in income	e tax liability; please	consult with yo	our tax advisor.)	
4. CHANGE PI The Premiur		MODE: to be changed to:	Premium Amount Annual			Monthly Pre-Authorized Withdrawal
SIGN HERE FOR T	THE ABO	VE REQUEST(S):				
Trust Owned – Corporate/Part Limited Liabilit	Signature nership (y Compa	rporate, Partnership, es, followed by the w Owned – Signature a ny (LLC) – Signature Signature of Owner	ord "Trustee", of all and title of one autho a and title of one au	required Truste orized officer (o thorized individ	es. ther than insured). ual (other than insur	ed).
Owner			Date		Witness	_
Assignee/Irrevocab	le Benefi	ciary			 Witness	

(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)

CONT	RACT/POLICY NO.	OWNER NAME		(OWNER SS	NO.	TELEPHON	E NO.
5.	are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving primary/contingent beneficiary(ies).							
	I (We) hereby request that all previous beneficiary designations and directions for settlement of this policy be cancelled and that the proceeds of said policy upon the death of the Insured be paid, in one sum, unless otherwise provided herein or in said policy, as follows:							
	PRIMARY BENEFIC beneficiary(ies).	IARY: If there are no	o surviving prima	ry benefic	iary(ies), th	en the proceed	ds will be paid to	the contingent
Name	and Address		Telephone No.	SSN/Tax	k ID	Birthdate	Relationship	Percentage
	administrators, or ass	EFICIARY: If there are signs of the owner.	e no surviving con	tingent be	neficiary(ies), then the proc	eeds will be paid to	the executors,
Name	and Address	-	Telephone No.	SSN/Tax	k ID	Birthdate	Relationship	Percentage
		DA's DA's DA's DA's DA's DA's DA's DA's	Insured or not be	living on th	ne			days): If any he death of the
SIGN	HERE FOR THE ABO	VE REQUEST(S)						
The c	The company agrees that, if the policy requires endorsement or amendment for the above requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.							
Tru Co Lir	ust Owned – Signatur orporate/Partnership (mited Liability Compa	orporate, Partnership, T es, followed by the wor Dwned – Signature and Iny (LLC) – Signature a Signature of Owner, for	d "Trustee", of all i d title of one autho and title of one aut	required Trorized office the contract of the c	rustees. er (other tha dividual (oth	n insured).).	
Oumo								
Owne	l .		Date	VVII	iness			
				Add	dress			
Irrevo	cable Beneficiary		 Date	<i>Wit</i>	ness			
				Add	dress			

(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)

F-LAD-233 Page **2** of **8** R: 05/21

CONTR	ACT/POLICY NO.	OWNER NAME	OWNER SS NO.	TELEPHONE NO.			
6 .		ve certify that the above numbered Contract/Ponder it to the Company without claim.	olicy has been lost or destroyed.	If the Contract/Policy is found			
7.	 7. REQUEST FOR A POLICY LOAN: I (We) hereby request a loan in accordance with Policy provisions. (For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.) I (We) hereby request a loan in accordance with Policy provisions. (For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.) Issue a check for the maximum amount. (For Variable Life Policies, 90% of Policy Surrender Value; 75% in state of TX.) Issue a check for \$ (For Variable Life Policies, this amount could change due to market fluctuation.) The Policy is hereby assigned to the Company as security for the loan and interest thereon. 						
□ 8.	Value. (For Variable	RTIAL WITHDRAWAL: At any time after the Life Policies, minimum amount is \$500.)		ake a withdrawal of Surrender			
	I (We) hereby elect a partial withdrawal of this Policy in the amount of \$ If LEVEL DEATH BENEFIT OPTION is in effect for this Policy, the Company reserves the right to reduce the face amount by the withdrawn amount (exclusive of withdrawal charge) unless evidence of insurability completed by the Insured is submitted with the request. The Company may reject a withdrawal request if the withdrawal would reduce the face amount below the minimum amount for which the Policy would be issued under the Company's then-current rules, or if the withdrawal would cause the Policy to fail to qualify as a life insurance contract under applicable tax laws, as interpreted by the Company. The Company will deduct a \$25 administrative charge upon a withdrawal. For Variable Life Policies, the charge is the lesser of 2% of the amount withdrawn or \$25. Please refer to the prospectus for more information.						
9.	1 9. REQUEST FOR FULL SURRENDER: I (We) hereby elect to surrender this policy for its cash surrender value, if any. The date used for calculation of policy values shall be the policy's monthly anniversary following the Company's receipt of the cancellation request. For Variable policies the calculation will be as of the date this form is received in the Home Office. I (We) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. My policy is enclosed or the Lost Policy Statement is completed.						
□ 10.*	10.* ELECTRONIC FUNDS TRANSFER: If you wish to have your disbursement sent via Electronic Funds Transfer (EFT), please enclose a voided check with this form request; otherwise a check will be sent to the address of record for this "one-time" disbursement. We do not accept checking/savings deposit slips. We can only transfer to the policy owner's account or the bank account on record.						
		PLEASE ATTACH	VOIDED CHECK				
		(Routing Number)		(Bank Account Number)			
FOR QUESTIONS 7 THROUGH 9, COMPLETE THE FOLLOWING: I (We) hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I (we) am (are) of legal age, am (are) not under guardianship or other legal disability and that said Policy is not assigned or pledged to any other person or corporation other than the assignee signed below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder. (Unless we are directed otherwise, the check will be made payable to the Owner.) *MAKE CHECK PAYABLE TO: Please Note: We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding							
the tran		, , , , , , , , , , , , , , , , , , , ,		ling a final decision regarding			
		Notice of Withholding on Distrib	itions or Withdrawals				

Notice of Withholding on Distributions or Withdrawals

The taxable portion of distributions you receive from the above policy are subject to Federal Income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by checking the appropriate box below. If you do not respond by the date your distribution is scheduled to be made, Federal income tax and state income tax, where applicable, will be withheld from the taxable portion of your distribution. you elect not to have withholding apply to your distribution payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

I have read the above information and I DO 🗖 ; I DO NOT 🗖 want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.

PLEASE SEE NEXT PAGE FOR SIGNATURE REQUIREMENTS

CONTRACT/POLICY NO.	OWNER NAME		OWNER SS NO.	DAYTIME PHONE NO.
SIGN HERE FOR THE ABOVE	E REQUEST(S) ON PAGE 3:			
Owner			Witness	
Assignee/Irrevocable Beneficiary				
NOTARY:				
	ank account on file, paymer	nts to a differer	ALL first time electronic fund to address than on file or third park to the address of record.	
			NOTARY PUBL	IC SEAL STAMP HERE:
Notary Public Signature		Date		
Title				

(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)

CON	ITRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	DAYTIME PHONE NO.				
11.	TRANSFER AUTHOR	IZATION:						
	☐ I authorize the Company to honor <u>my</u> verbal and electronic instructions regarding allocations to the Investment Options. ☐ I authorize the Company to honor <u>my</u> agent's instructions regarding allocation to the Investment Options. The Company will not be held liable for any loss, liability, cost or expense for acting on verbal or electronic instructions.							
12.		ANCING: Rebalancing to begin onncing will be according to your current fund and occur: Annually Semi-	allocations.	e the monthly anniversary date.)				
13.	Changing the allo Indicate whole p transfer: \$100 o DOLLAR COST AVER	GES, TRANSFERS AND PAYMENTS: ocation will not affect funds currently held in ercentages for a total of 100%. You may a r entire Fund value, if less.) RAGING: Minimum \$100 monthly/quarterly. Sount balance of \$5,000 is required to begin	also select the allocation(s) for y					
	` ,	egin Dollar Cost Averaging from the Fixed A		Fund.				
	☐ I (We) want to su	spend the Dollar Cost Averaging Program.		Transfers				
		ND FAMILIES	Allocations or Contributions Fund % or \$ DCA %	Fund % or \$ DCA %				
	AMERICAN FUNDS							
(296 (297 (298 (301 (299 (302 (300	American Funds IS®	International Fund 12						
	AMERICAN FUNDS	AVAILABLE ONLY TO APPLICATIONS F	FOR SOVUL II WITH SIGN DATE	11/4/19 & AFTER 14				
(321 (322 (323 (324 (325	2) American Funds IS® 3) American Funds IS® 4) American Funds IS®	Growth 1 ¹⁴ Growth-Income 1 ¹⁴						
	DFA FUNDS AVAIL	ABLE ONLY TO APPLICATIONS FOR SO	VUL II WITH SIGN DATE 11/4/19	% AFTER 14				
(350 (351 (352 (353	DFA VA Internationa DFA VA US Large V	al Value Portfolio ¹⁴ Value ¹⁴						
	FIDELITY INVESTM	IENTS						
(23 ⁴) (24 ²) (23 ²) (24 ²) (26 ⁵) (26 ⁶)	Fidelity VIP Equity Ir B) Fidelity VIP Growth 12 Fidelity® VIP Index 5 Fidelity® VIP Investr B) Fidelity® VIP Mid Ca Fidelity VIP Freedom	ncome ¹ 500 Portfolio ment Grade Bond Portfolio ap Portfolio n 2015 Portfolio ^{1,2}						

	FIDELITY FUNDS AVAILABLE ONLY TO APPLICATION	ONS FOR SOVUL II WIT	TH SIGN DATE 11	/4/19 & AFTER 14	
(326) (327) (328) (329)	Fidelity® VIP Growth Opportunities Initial ¹⁴ Fidelity® VIP Index 500 Initial ¹⁴ Fidelity® VIP Investment Grade Bond Initial ¹⁴ Fidelity® VIP Mid Cap Initial ¹⁴				
	FRANKLIN TEMPLETON INVESTMENTS				
(247) (248) (253) (249) (267) (250) (254) (293) (251) (255) (252)	Franklin DynaTech VIP ² Franklin Income VIP Fund ² Franklin Mutual Shares VIP ² Franklin Rising Dividends VIP ² Franklin Small Cap Value VIP ³ Franklin Small-Mid Cap Growth VIP ² Franklin U.S. Government Securities VIP ² Templeton Developing Markets VIP ⁹ Templeton Foreign VIP ² Templeton Global Bond VIP ² Templeton Growth VIP ²				
	FRANKLIN TEMPLETON FUNDS AVAILABLE ONLY	TO APPLICATIONS FO	R SOVUL II WITH	SIGN DATE 11/4	/19 & AFTER 14
(330) (331) (332)	Franklin Growth & Income VIP 1 ¹⁴ Franklin Income VIP ¹⁴ Templeton Developing Markets VIP 1 ¹⁴				
	GOLDMAN SACHS				
(295) (268) (258) (257) (283) (259) (256) (260)	Goldman Sachs VIT Core Fixed Income ¹² Goldman Sachs VIT Growth Opportunities ³ Goldman Sachs VIT International Equity Insights ^{2,} Goldman Sachs VIT Large Cap Value ⁷ Goldman Sachs VIT Mid Cap Value ⁴ Goldman Sachs VIT Small Cap Equity Insights ^{1,2,5} Goldman Sachs VIT Strategic Growth ^{2,4} Goldman Sachs VIT U.S. Equity Insights ^{1,2,5}				
	GOLDMAN SACHS FUNDS AVAILABLE ONLY TO A	PPLICATIONS FOR SO	VUL II WITH SIGN	I DATE 11/4/19 &	AFTER 14
(333) (334)	Goldman Sachs VIT Core Fixed Income Instl ¹⁴ Goldman Sachs VIT Mid Cap Value Instl ¹⁴				
	INVESCO				
(215) (354) (214) (221) (217) (206) (216) (225) (282) (284) (227) (241) (288) (285) (228) (228) (286) (289)	Invesco V.I. Capital Appreciation Fund Invesco V.I. Discovery Mid Cap Growth II ¹⁵ Invesco V.I. Discovery Mid Cap Growth I ¹⁶ Invesco V.I. Global Fund Invesco V.I. Global Strategic Income Fund Invesco V.I. U.S. Government Money Fund Invesco V.I. Main Street Invesco V.I. American Franchise ¹ Invesco V.I. American Value ³ Invesco V.I. Balanced Risk Allocation ^{3,6} Invesco V.I. Comstock Invesco V.I. Equity and Income Invesco V.I. Global Real Estate ⁹ Invesco V.I. Government Securities Invesco V.I. Growth and Income Invesco V.I. International Growth ^{2,10} Invesco V.I. Small Cap Equity ⁹				
(=0.)					

	INVESCO FUNDS AVAILABLE ONLY TO APPLICATION	NS FOR SOVUL II WIT	TH SIGN DATE 11	1/4/19 & AFTER 14	
(335)	Invesco V.I. Global VA Non-Svc 14				
(336)	Invesco V.I. Diversified Dividend I 14				
	LEGG MASON				
(269)	ClearBridge Variable Mid Cap ³				
(270) (279)	ClearBridge Variable Small Cap Growth ³ Royce Capital Fund - Micro-Cap ³				
(280)	Royce Capital Fund - Small-Cap ³				
,	LEGG MASON FUNDS AVAILABLE ONLY TO APPLICA	ATIONS FOR SOVUL	II WITH SIGN DA	 TE 11/4/19 & AFT	ER ¹⁴
(337)	ClearBridge Variable Small Cap Growth I 14				
(338)	Royce Capital Small-Cap Inv 14				
	LORD ABBETT				
(236)	Lord Abbett Series Bond Debenture				
(240)	Lord Abbett Series Dividend Growth				
(271) (235)	Lord Abbett Series Fundamental Equity ³ Lord Abbett Series Growth and Income ⁸				
(239)	Lord Abbett Series Growth Opportunities				
(237)	Lord Abbett Series Mid Cap Stock				
	MFS				
(290)	MFS® Emerging Markets Equity 9,11				
(210)	MFS® Growth ¹¹				
(291) (212)	MFS® International Value 9,11 MFS® Investors Trust 11				
(294)	MFS® MA Investors Growth Stock 11				
(219)	MFS® New Discovery ¹¹				
(211) (272)	MFS® Research ¹¹ MFS® Research Bond ^{3,11}				
(213)	MFS® Total Return Bond 11				
(220)	MFS® Utilities 11				
(273)	MFS® Value 3,11				
	MORGAN STANLEY				
(262)	Morgan Stanley V.I. Global Real Estate 8				
	PIMCO				
(292)	PIMCO VIT Long Torm US Covernment 3				
(274) (275)	PIMCO VIT Long-Term US Government ³ PIMCO VIT Low Duration ³				
(276)	PIMCO VIT Real Return ³				
(277)	PIMCO VIT Total Patrice 3				
(278)	PIMCO VIT Total Return ³				
	PIMCO FUNDS AVAILABLE ONLY TO APPLICATIONS	FOR SOVUL II WITH	SIGN DATE 11/4/	19 & AFTER 14	
(339)	PIMCO International Bond Institutional ¹⁴ PIMCO VIT Short-Term Institutional ¹⁴				
(340) (341)	PIMCO VIT Short-Term Institutional 14				
(3.1.)	TOPS				
(320)	TOPS® Aggressive Growth ETF 13				
(317)	TOPS® Balanced ETF 13				
(316)	TOPS® Conservative ETF ¹³				
(319) (318)	TOPS® Growth ETF ¹³ TOPS® Moderate Growth ETF ¹³				
(010)	1010 INIOUCIUIC OLOWITI ETI				

	TOPS FUNDS AVAILABLE ONLY TO APPLIC	CATIONS FOR SO	VUL II WITH SIGI	N DATE 11/4/19	& AFTER 14	
(342) (343) (344) (345)	TOPS® Aggressive Growth ETF 1 ¹⁴ TOPS® Conservative ETF 1 ¹⁴ TOPS® Growth ETF 1 ¹⁴ TOPS® Moderate Growth ETF 1 ¹⁴					
	VANGUARD FUNDS AVAILABLE ONLY TO	APPLICATIONS F	OR SOVUL II WIT	H SIGN DATE 1	1/4/19 & AFTER ¹	4
(346) (347) (348) (311) (349)	Vanguard VIF Capital Growth ¹⁴ Vanguard VIF Equity Income ¹⁴ Vanguard VIF International ¹⁴ Vanguard VIF Real Estate Index ¹⁴ Vanguard VIF Short Term Investment Grade ¹⁴					
	Protective Life General Account					
(200)	Fixed Account					
	Other:					
available Institutio available for polici Premiere II. Avail products after 7/1	ailable for policies with application sign date after 11, Executive, Transitions or Survivor products; 4 Ser er for policies with application sign date less than the form of the Transitions or Survivor products. Service Classes with application sign dates 04/30/08 to 04/30/12; 8 EllI and Preserver II products; 10 Not available for pollable for Premiere III and Preserver II products with sign date on or 11.1 Not available to applications with sign date on or 12.1 Only available to ICVUL, SOVUL and SPVUL are for ICVUL and SOVUL I products. 16 Not available for	5/1/08; ⁵ Service Cl date less than 5/1/08 ass available for policities with application application sign data after 5/1/15. ¹² Only products. ¹⁴ Only a	lass available for p; 6 Not available for cies with application dicies with application a sign dates after 11 tates greater than 04 y available for current available to SOVUL I	olicies with applicipolicies with applicipolicies with applicipolicies with applicipolicies with applicipolicies after 0-4/1/09 for all produce 4/30/12. Not availantly marketed produce with application significance with application significance with application significance.	ation sign date 4/3 cation sign date afte 4/30/08. Institutiona er than 04/30/12; 9 Cts except Premiere lable for the Transi ucts with application	10/08 to 11/1/09. Fr 04/30/11; 7 Not al Class available Only available for III and Preserver tions or Survivor a sign date on or
SIGNA	TURES:					
Owner .	Signature	 Date		Witness		
 Assigne	ee/Irrevocable Beneficiary	Date		Witness		

(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619 Birmingham, AL 35283-0619

PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number:		Name of Insured:		
Name of Bank:				
Street Address or P.O. I	Box:			
City:		State:	Zip Code:	
Type of Account:	☐ Checking	☐ Savings		
Routing Number:				
Account Number:				
Premium Frequency:	□ *Monthly (*Only a	available by bank draft)	Quarterly	
	■ Semi-Annually		■ Annually	
account informat application for life	ion does not provide insurance unless I hav	any life insurance coverage	g of the initial premium and prov on myself or any applicant listed terms and conditions of the Protec	d on the
			your premium will be drafted	
immediately and you v	will be provided with c	onditional coverage subject	to limited terms and conditions.	<u>-</u>
Variable life insurance	premiums will not be	deducted unless a policy is	issued.	
I request future drafts be	e made on the	<i>(1st - 28th)</i> day of th	e month.	
		Premium Payer	- Depositor (Please Print)	
 Date		 Signature		

PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.

PL-104 06/14

Form W-9 (Rev. October 2018) Department of the Treasury, Internal Revenue Service

Taxpayer Identification Number and Certification

Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification of the person whose name is entered on the Name line above. Check only one of the following seven boxes:	Exemptions (codes apply only to certain entities, not individuals)
□ Individual/sole proprietor or □ C Corporation □ S Corporation □ Partnership □ Trust/estate single-member LLC	Exempt payee code (if any)
 □ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note. Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. □ Other 	Exemption from FATCA reporting code (if any)
Address (number, street, and apt, or suite no.) See instructions. Requester's name and	outside the U.S.) address (ontional)
requester situations.	address (opnorial)
City, State, and ZIP code	
List account number(s) here (optional)	
Part I Taxpayer Identification Number (TIN)	
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" Social security nur	mber
line to avoid backup withholding. For individuals, this is generally your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of the W-9 instructions at website listed below. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on the W-9 instructions at website listed below.	-
Note. If the account is in more than one name, please refer to the W-9 instructions for guidelines on whose number to enter. Also, see <i>What Name and Number to Give the Requester</i> for guidelines on whose number to enter.	
Employer identification in the contraction of the c	ation number
Part II Certification	
Under penalties of perjury, I certify that:	
 The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the I subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no lost 	Internal Revenue Service (IRS) that I am
3. I am a U.S. citizen or other U.S. person , and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backureport all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and the certification, but you must provide your correct TIN.	acquisition or abandonment of secured
Sign Signature of U.S. person ► Date	-

IMPORTANT – if any part of the payment made to you could be subject to backup withholding and we do not receive this completed form, we will do backup withholding of 24% on those amounts.